Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory:_	IDAHO	
Citation	3.l(a)(9)	Amount, Durat Services (cor	ion, and Scope of Services: EPSDT
42 CFR 44	1.60	continuing ca the methods a	agency has in effect agreements with are providers. Described below are employed to assure the providers' th their agreements.
42 CFR 440	, , , , ,	Comparability	of Services
1903(v),	nd 1902 1902(a)(52), 1915(g), and	sections 1902 and 1925 of t section 245A	nose items or services for which (a), 1902(a)(10), 1903(v), 1915 the Act, 42 CFR 440.250, and of the Immigration and act, permit exceptions:
1925(D)(4) of the Act (i	categorica	nade available to the ally needy are equal in amount, and scope for each categorically on.
	(1)	services m	a, duration, and scope of made available to the ally needy are equal to or greater made available to the medically
	(ii)	are equal	nade available to the medically needs in amount, duration, and scope for on in a medically needy coverage
	<u></u>	services a	coverage for pregnancy-related and services for conditions that may the pregnancy are equal for ally and medically needy.

Effective Date 16/1/9/

HCFA ID: 7982E

TN No. 41-19
Supersedes 71-4 Approval Date 1/21/92
TN No.

Revision:	ECFA-AT-80-38		(BPP	
	May	22,	1980	

au Talaha

State_	Idaho			
Citation 42 CFR Part 440, Subpart B	3.1(b)	Home health services are provided in accordance with the requirements of 42 C 441.15.		
42 CFR 441.15 AT-78-90 AT-80-34		(1)	all	health services are provided to categorically needy individuals ears of age or over.
		(2)	all	health services are provided to categorically needy individuals r 21 years of age.
			<u>*</u> 7	Yes
				Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.
		(3)		health services are provided to medically needy:
				Yes, to all
				Yes, to individuals age 21 or over; SNF services are provided
				Yes, to individuals under age 21; SNF services are provided
				No; SNF services are not provided
			\Bar{Y}	Not applicable; the medically needy are not included under this plan

IN # 76-55 Supersedes IN # 75-22 Approval Date //21/77

Effective Date 10/1/26

Revision: HCFA-PM-93-8 (BPD)
December 1993
State/Territory: IDAHO

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

1

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 94-00 Approval Date 2-10-94 Effective Date 1-1-94

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State Idaho

Citation

42 CFR 440.260 AT-78-90

3.1(d)Methods and Standards to Assure

Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

Approval Date 6/11/25 Effective Date 1/1/25

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State Idaho

<u>Citation</u> 42 CFR 441.20 AT-78-90 3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN <u>‡ 75 - 32</u> Supersedes TN <u>‡ 74 - 37</u>

Approval Date 6/11/75

Effective Date 1/1/25

Revision: HCFA-PM-87-5 **APRIL 1987**

(BERC)

OMB No.: 0938-0193

State/Territory:

IDAHO

Citation 42 CFR 441.30 AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/X/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/X/ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. Supersede TN No.

Approval Date 1/23/89 Effective Date /6

Revision:	HCFA-PM-87-4 MARCH 1987	(BERC)	OMB No.: 0938-0193
	State/Territor	: Idaho	
Citation 42 CFR 431 AT-78-90		Participation by Indian Health Indian Health Service facilities providers, in accordance with 4 the same basis as other qualifies	es are accepted as 22 CFR 431.110(b), on
1902(e)(9) the Act, P.L. 99-50 (Section 9)	9 408)	Respiratory Care Services for Vandividuals Respiratory care services, as desection 1902(e)(9)(C) of the Actual the plan to individuals with the plan to individu	defined in at, are provided who a ventilator for hours per day; Inpatients during a stay in one or more the lesser of number of inpatient State plan); It care, would require atient basis in a which Medicaid at services to be ne. on 1902(e)(9) of the
	K	Not applicable. These services the plan.	are not included in

IN No. X1-4 Supersedes IN No. 18

Approval Date 1/8/88

Effective Date 7/1/87

HCFA ID: 1008P/0011P